



County of San Diego

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HEALTH AND HUMAN SERVICES AGENCY

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Community Epidemiology
Emergency & Disaster Medical Services
HIV/STD Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
Public Health Nursing/Border Health
TB Control & Refugee Health
Vital Records

Date: _____

Patient Name: _____

DOB: _____

Dear Doctor _____:

Your patient has been identified as having significant exposure to an individual suspected of having active, infectious pulmonary tuberculosis. As per the recommendations of the Centers for Disease Control and Prevention (CDC) and other authorities in the treatment of tuberculosis, individuals who have been recently exposed should be evaluated for TB infection and disease.

Please review the appropriate recommendations for your patient in the attached chart. Bear in mind the tuberculin skin test (TST) or QuantiFERON[®] blood test (QFT) may take up to 8 to 10 weeks to convert to positive after a person has been infected with tuberculosis. Also, please note that any person suspected of having active tuberculosis should be reported within one day of evaluation to our office at (619) 692-8610.

We hope these suggestions are helpful to you in evaluating your patient. If you have any questions or comments, please contact our office at (619) 692-8631 and ask for the Nurse of the Day. In addition, the latest CDC treatment recommendations can be accessed at: <http://www.cdc.gov/tb/default.htm>. Specific information on the treatment of latent TB infection can be found at <http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf>. See section on Pregnancy and Lactation, pages 34-35. Other resources, including guidelines for reporting TB in San Diego, are available on our website at www.sandiegotbcontrol.org.

Sincerely,

Kathleen S. Moser, M.D., M.P.H.
Chief, Tuberculosis and Refugee Health Services

Testing and Treatment Recommendations for Individuals Exposed to Active TB Disease

Patient	Risk	Initial TST	Additional Exams	If initial and repeat TST is negative	If initial or repeat TST is positive
Pregnant woman who was exposed to an infectious TB case (regardless of gestational age)	Risk of progressing from TB infection to TB disease is highest within the first two years after becoming infected.	Place a Mantoux method tuberculin skin test (TST) and read in 48-72 hours.	Regardless of TST results, evaluate the patient for any signs or symptoms of TB disease.	<p>If active disease has been ruled out and the TST, by the Mantoux method, is 0-4mm:</p> <ul style="list-style-type: none"> Repeat TST 8-10 weeks after exposure with the infectious patient has ended. If the repeat TST remains 0-4 mm, no further action is needed. 	<p>If initial or repeat TST is 5 mm or greater and active disease has been ruled out (including CXR, regardless of gestational age):</p> <ul style="list-style-type: none"> Initiate LTBI treatment If using Isoniazid (INH), the recommended treatment course is 9 months.
Immunocompromised pregnant woman or those with symptoms consistent with TB disease <ul style="list-style-type: none"> HIV-positive Patients with behavioral risk factors for HIV infection but decline HIV testing Patients receiving immunosuppressive therapy (equiv. To \geq 15 mg/day of prednisone for \geq 1 month) 	Able to rapidly progress from primary infection to disseminated disease. May be unable to mount a positive reaction, even if infected.	Place a Mantoux method TST and read in 48-72 hours.	Regardless of TST results, evaluate the patient with clinical exam and CXR, even if < 20 weeks of gestation.	<p>If active disease has been ruled out and the TST, by the Mantoux method, is 0-4mm:</p> <ul style="list-style-type: none"> Start treatment for presumptive LTBI. Repeat TST 8-10 weeks after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, re-evaluate continuation of therapy in consideration of the patient’s level of exposure, current immune status, and final results of the suspected source case’s evaluation. 	<p>If initial or repeat TST is 5 mm or greater and active disease has been ruled out:</p> <ul style="list-style-type: none"> Initiate or continue LTBI treatment, even during prenatal period. If using INH, the recommended treatment course is 9 months.
An immunocompetent pregnant individual with a documented positive TST prior to current exposure	Reinfection is possible, but minimal risk in immunocompetent contacts.	Ensure past TST was intradermal (Mantoux) and \geq 10mm induration is documented.	Obtain CXR to rule out current disease.	Not applicable.	LTBI treatment should generally be deferred until after the 3 rd post- partum month.